

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-873)

SERIAL NO.

09/990773

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/	/	
10		/		/		/
11		/		/		/
12		/		/		/
13		/		/		/
14	/		/		/	
15		/		/		/
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25	/		/		/	
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3		4	
TOTAL DEP.	31		37		30	
TOTAL CLAIMS	34		40		34	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS